

FILED

APR 30 2019

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT**Name Johnson Joseph J
(Last) (First) (Initial)Prisoner Number P-77735Institutional Address Kern Valley State Prison; 3000 West Cecil Ave; Po Box 6000, Delano, CA
93216-6000UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAJoseph Jamul Johnson
(Enter the full name of plaintiff in this action.)

vs.

Lieutenant A. MeyerCCTA A. MedenCCII J. MartinezTammy Foss ("Warden")

(Enter the full name of the defendant(s) in this action)

CV 19-2345 SK

Case No. _____
(To be provided by the Clerk of Court)COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983

"Demand For Jury Trial"

(PR)

[All questions on this complaint form must be answered in order for your action to proceed.]

1. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Kern Valley State Prison

B. Is there a grievance procedure in this institution?

YES () NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES () NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal SVSP-1B-04390

2. First formal level By Pressed

3. Second formal level Accepted; Partially Granted

4. Third formal level TLR:1813196; Appeal Denied SVSP-18-04390

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (✓) NO ()

F. If you did not present your claim for review through the grievance procedure, explain why. _____

II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Joseph Johnson - 3000 West Cecil Ave; P.O. Box. 6000, Delano, Cal. 93212

B. Write the full name of each defendant, his or her official position, and his or her place of employment

Sergeant J Cermeno; Sergeant A. Qyrzabal; Correctional Officer M. Matias; correctional officer

1 perez; Correctional officer R. Sagado; Tammy Foss ("Warden") "(SVSP)"
2
3
4

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each
7 defendant is involved and to include dates, when possible. Do not give any legal arguments or
8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
9 separate numbered paragraph.

10 Salinas Valley State Prison officials Housed me on Facility "C" where an enemy was housed. During
11 orientation Building 1 officers opened my cell door and forced me to attend yard at which point during "Yard Recall"
12 I was attacked and beaten By 4 inmates, obtaining Facial Bone Fractures of right Jaw; cheek bone; Timple to
13 Jaw; Broken nose; Broken Elbow; while 14 officers stand by and watched without intervening "I was then shot
14 in the face"; giving me a cranium fracture 3cm Vertical Deep laceration on the left side of my head by
15 the C Yard gun tower I was the only one shot! Even though I am a victim already this act is Reproval
16 was due to an previous civil suit case number#: 2:12-cv-02922-AC-united states District Court -
17 Eastern District."CDCR Refuses to relinquish 837 incident report, which identifies all other defendants 16
18 in total."

19
20
21
22
23 IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly
25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 Wherefore, plaintiff respectfully pray that this court: Order Defendants to pay compensatory Damages
27 of \$1300,000; (2) order Defendants to pay punitive Damages of \$100,000 each defendant Jointly and
28 Severally; (3) order defendants to pay attorney fees and court costs, (4) grant any other Just and

equitable relief that this honorable court deems necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22nd day of April, 2019

Johnson Joseph

(Plaintiff's signature)

Consent to Magistrate Judge Jurisdiction

In accordance with the provisions of 28 U.S.C. § 636(c), I voluntarily consent to have a United States magistrate Judge conduct all further proceedings in this case, including trial and entry of final judgment.

TO TRUST OFFICE

STATE OF CALIFORNIA

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
JOHNSON	JOE	P77735	Johnson Joe
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM 800 TO 1100	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): CERTIFIED TRUST STATEMENT
A2/124	YARD CREW #013		

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I SENT A REQUEST ON 3/10/19 TO OBTAIN A CERTIFIED TRUST STATEMENT along with PRISONER'S APPLICATION TO PROCEP IN FORMA PAUPERIS. PLEASE PROCESS my Request! This IS THE (2nd) SECOND Request SENT TO The TRUST OFFICE.

thank you.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

 SENT THROUGH MAIL: ADDRESSED TO: TRUST OFFICE

DATE MAILED: 4/21/19

 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) <input checked="" type="radio"/> YES <input type="radio"/> NO
And Howard	4/21/19	201	
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="radio"/> BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED: